

**Bayer HealthCare  
Diabetes Care Division**

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Date: **September 30, 2005**

Company: **COMMISSIONER FOR PATENTS**

Facsimile: **571-273-8300**

From: **Elizabeth Gettins, Patent Paralegal**  
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Company: **BAYER HEALTHCARE LLC**  
**1184 Miles Avenue**  
**P.O. Box 40**  
**Elkhart, IN 46515-0040**

Re: **Patent Application No. 10/750,270**

Total pages including cover sheet: 4

Message: **Documents Include:**  
**Transmittal Form;**  
**Fee Transmittal;**  
**Notification from Office of Initial Examination.**

**Thank you,**  
**Elizabeth**

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PTO/SB/21 (09-04)


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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/750,270
	Filing Date	01/02/2004
	First Named Inventor	Marvin A. Genshaw
	Art Unit	2857
	Examiner Name	Felix E. Suarez
Total Number of Pages in This Submission	Attorney Docket Number	MSE 2872

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Notification from Office of Initial Patent Examination
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Bayer HealthCare LLC	
Signature		
Printed name	Alice A. Brewer	
Date	September 30, 2005	Reg. No. 32,888

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Elizabeth Gettins	Date September 30, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
120.00**Complete if Known**

Application Number	10/750,270
Filing Date	01/02/2004
First Named Inventor	Marvin A. Genshaw
Examiner Name	Felix E. Suarez
Art Unit	2857
Attorney Docket No.	MSE 2672

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**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ Nonc ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 13-3375 Deposit Account Name: Bayer Healthcare LLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP =          x          =         

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP =          x          =         

HP = highest number of independent claims paid for, if greater than 3.

10/03/2005 MBINAS 00000026 133375 10750270

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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 =          / 50 =          (round up to a whole number) x          =         **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Fee code 1250

120.00

**SUBMITTED BY**

Signature	<u>Alice A. Brewer</u>	Registration No. (Attorney/Agent) 32,888	Telephone 574-264-8394
Name (Print/Type)	Alice A. Brewer	Date September 30, 2005	

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DATE: 9-06-05TO: FLAT

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SUBJECT: Fee Due

APPLICATION NUMBER 10 750 270

A fee is due for the attached document submitted to the U.S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorizations to charge a deposit account if an authorization is present, please charge the Appropriate Fee. If and authorization is not present, notify the applicant of the fee deficiency.

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- ☐ Declined credit card
- ☐ Non-authorization for charge to deposit account
- ☐ No fee submitted per requirement

The correct fee code:	<u>1251</u>	Amount	\$ <u>120.00</u>
The suspended fee code:	1999	Amount	\$ _____
The suspended	1622	Amount	\$ _____
The suspended	2622	Amount	\$ _____
Fee Due			\$ <u>120.00</u>

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